

2018

LAURELWOOD PEDIATRICS PATIENT INFORMATION

New Patient Established Patient

18 Years of Age and Older

Name _____ Nickname _____

Who's your Primary Doctor?

Date of Birth _____ Gender: M / F (Circle one)

- Dr. Lana Yanishevski
- Dr. Chris Hanson
- Dr. Ashley Miller
- Dr. Joel Siegel
- Dr. Nouth Magdovitz

Phones: (Please indicate the best number to reach you)

- Home _____ Cell _____
- Work _____

Address _____

City _____ State _____ Zip _____

Employer _____ Email _____

Parent/Guardian Information

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

PRIMARY INSURANCE INFORMATION

Insurance Carrier _____

Policy # _____ Group # _____

Policy Holder's Name _____

Policy Holder's Birthdate _____

Do you have TennCare? _____

RELEASE OF MEDICAL INFORMATION

Please list the names of the individuals we may release medical information to. Mark the appropriate medical information boxes indicating what we may release.

- Labs including HIV and STDs
- Prescription refills and pick up of written prescriptions
- Billing
- Mental health records
- Phone Messages
- All my health information including those listed above

Name _____

Name _____

I hereby authorize Laurelwood Pediatrics, LLC to furnish information to my insurance carrier concerning any treatment/illness/accident, and hereby irrevocably assign to the doctor all payments for medical services rendered to me. I understand that I am financially responsible for all charges whether or not they are covered by my insurance. I also understand that I am responsible for any reasonable costs and / or attorney fees incurred for the collection of this account. Our policy is payment at the time of service.

Patient Signature

Printed Name

Date

